

**Montana Medicaid Program
Mission Statement – Goals and Objectives**

March 27, 2007

Mission Statement: To assure that necessary medical care is available to all eligible Montanans within available funding resources.

| Goal 1: To promote the maintenance of good health by Medicaid eligible persons | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Addictive & Mental Disorders Division | <p>1. Maintain or improve the level of functioning of people with mental illness and chemical dependency/substance abuse</p> <p>2. Increase the availability of physical health benefits to MHSP enrollees</p> <p>3. Increase availability of health maintenance services</p> | <p>1. By 2008 track 'recovery markers' for housing, employment, interference of symptoms, readiness for change, use of alcohol or other drugs in 2 mental health centers; by 2009, track in 3 additional mental health centers</p> <p>2. By 2008 implement HIFA waiver which includes physical health benefit</p> <p>3. By 2008 fully implement HCBS program</p> | <p>1. Preliminary staff training for tracking recovery markers has been completed; web-based application for reporting completed; beta testing completed</p> <p>2. HIFA waiver submitted, waiting for federal approval</p> <p>3. Start-up begun January 2007 with phased in schedule</p> |
| Child & Family Services Division | Children will receive adequate services to meet their physical and mental health needs | The case records will document the division's concerted efforts to assess and provide all physical (including dental) and mental health care needs. | The most recent case review of 75 files indicate that 50% of the cases contain adequate documentation to determine that children are being assessed and provided physical and mental health care. The division will increase the baseline from 50% to 75% by the end of FY 2009. |
| Health Resources Division | Increase the percentage of children (age 0-20) who receive a well-child screen. | Percentage of children receiving a well-child screen will be 94% in FY08 and 95% in FY09 as measured on the 416 report. | Percentage of children receiving a well-child screen was 89% in FY04 and 93% in FY05 as measured on the 416 report. |
| Quality Assurance Division | Complete Health Care Facility State Licensure surveys in accordance with | All Health Care Facilities will be surveyed before their license expires | Licensure surveys conducted, any deficiencies are communicated in |

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| | MCA Title 50 Chapter 5; and Federal Certification surveys as required and defined by the Centers for Medicare and Medicaid Services (CMS). | Federal Certification surveys will be completed; meet CMS performance criteria to conduct standard surveys on all nursing facilities with a maximum interval of 15.9 months for any particular nursing home while maintaining an average interval for all facilities of no more than 12.9 months. | <p>writing to the health care provider for corrective action and licenses are renewed as appropriate before they expire.</p> <p>Certification surveys conducted, any deficiencies are communicated in writing to the health care provider for corrective action.</p> |
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| Goal 2: To assure that Medicaid eligible persons have access to necessary medical care, | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Addictive & Mental Disorders Division | 1. Provide access to community based crisis care (72 hour presumptive eligibility) | 1. By 2008 increase bed days in community settings by 700 additional inpatient hospital days and 3600 non-secure crisis stabilization days; by 2008 decrease number of emergency detention and court-ordered detention bed days at MSH | 1. Budget request to Legislature; funded 6 grants in 2007 for development of crisis service models, will analyze model programs |
| | 2. Provide access to community residential settings for persons with substance use disorders | 2. By 2009 open 5 community and 2 reservation residential treatment programs to serve 84 people; by 2009 open one 8-bed medical model facility to serve 64 people | 2. Budget request to Legislature |
| Health Resources Division | 1. Increase dental access for Medicaid beneficiaries in private dental offices if NP 11011 is passed by the 2007 legislature. | 1. Increase dental access by 4.7% as measured by the number of unique client visits to a dental provider. Target goal is 22,813 people by | 1. Baseline is 21,789 Medicaid beneficiaries who utilized services in FY06. |

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| | <p>2. Increase dental access through community health centers if NP 11011 providing additional funding is passed by the 2007 legislature.</p> <p>3. Increase access to pharmaceutical services for Native Americans at IHS facilities. Native Americans have limited access to pharmaceuticals in HIS facilities.</p> | <p>June 30, 2009.</p> <p>2. Increase the number of clients who receive dental services in a community health center by 5% in FY08 and an additional 10% in FY09.</p> <p>3. Implement point of sale electronic claims processing for IHS providers. All 12 IHS facilities will participate by the end of FY09.</p> | <p>2. Baseline measurement is 3,900 clients in FY06.</p> <p>3. Currently no IHS facilities participate in point of sale.</p> |
| Human & Community Services Division | Assure that Medicaid applications are readily available to applicants, including shortened application forms for certain Medicaid coverage | Process applications within the federally required time frames; conduct telephone interviews whenever necessary to assist in timely application processing | Timeliness reports are available on a monthly basis and reviewed and acted on by supervisory staff |
| Senior & Long Term Care Division | Support individuals in their desire to stay in their own homes or community based settings for as long as possible | Increase the amount of division resources that go towards community based alternatives, expand the waiver and reduce the waiting list for services in the community. | Currently 25 percent of the division budget supports community services and expansion of waiver services has occurred over past years and proposal to increase services is under consideration. Average length of time on waiting list is under 280 days. |

| Goal 3: To assure that the quality of care meets acceptable standards | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Addictive & Mental Disorders Division | 1. Develop and support a community based system of care that is recovery-focused and consumer-driven and that | 1. By 2008 implement strength-based case management; maintain support for continuing competence by service | 1. Training has been provided to both mental health and addiction providers; enhanced training will |

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| | <p>emphasizes the use of Evidence Based Practices</p> <p>2. Improve inpatient treatment outcomes that enable sustainable recovery</p> <p>3. Improve inpatient treatment for mentally ill offenders</p> | <p>providers in DBT, co-occurring disorders screening and assessment and treatment</p> <p>2. By 2009, increase evening and weekend treatment activities at MSH by 20%</p> <p>3. By 2008 provide services for mentally ill offenders from both MSH and Montana prisons in a specialized treatment facility on the Warm Springs campus</p> | <p>be provided in 2008/09</p> <p>2. MSH currently collecting baseline data which will be used to identify gaps in treatment</p> <p>3. Budget request to Legislature; one year's planning between Departments of Corrections and Public Health and Human Services</p> |
| Disability Services Division | Montana Developmental Center: Maintain Medicaid and Intermediate Care Facility for Developmentally Disabled certification | Successfully complete annual reviews from state licensing and the federal government (i.e. review of all policies, health and safety, behavioral treatment, staff qualifications) | Both units are currently licensed with no outstanding deficiencies |
| Quality Assurance Division | Complete Health Care Facility State Licensure surveys in accordance with MCA Title 50, Chapter 5 and Federal Certification surveys as required by Federal rules and regulations. | <p>Licensure surveys are conducted and any deficiencies are communicated in writing to the health care provider for corrective action to comply with the minimum requirements for health and safety under State law. Licenses are renewed as appropriate before they expire.</p> <p>Certification surveys are conducted; any deficiencies are communicated in writing to the health care provider for corrective action to comply with</p> | <p>All Health Care Facilities will be surveyed before their license expires in accordance with MCA Title 50 Chapter 5.</p> <p>Federal Certification surveys will be completed according to Federal requirements and guidelines as defined by the Centers for Medicare and Medicaid Services (CMS).</p> |

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| | | minimum requirements for health and safety. Meet CMS performance criteria to conduct standard surveys on all nursing facilities with a maximum interval of 15.9 months for any nursing home while maintaining an average interval for all facilities of no more than 12.9 months. | |
| Senior & Long Term Care Division | Provide efficient, effective, high quality nursing facility services to Montana Veterans, at the Montana Veterans home and the Eastern Montana Veterans Home | Meet the annual state standards necessary for licensure and certification of nursing facilities at MVH and EMVH during each year in the coming biennium. | Both Facilities are operating within all licensure and certification standards and meets Veterans Administration and meets Federal Survey and Certification guidelines. Facility certified with no significant deficiencies |

| Goal 4: To promote the appropriate use of services by Medicaid eligible persons | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Child & Family Services Division | N/A | | |
| Health Resources Division | Reduce unnecessary utilization by Medicaid beneficiaries who use services excessively and inappropriately. | Team Care participants will decrease the amount of health care resources utilized by an average of \$564/person/year. Cost comparison made based on pre-enrollment expenditures. | Current cost avoidance for Team Care participants is \$47/mo. |
| Human & Community Services Division | Provide materials at the time of Medicaid application including information on Nurse First and a copy of the Medicaid handbook | These materials are part of the regular Medicaid application packet | These materials are part of the regular Medicaid application packet |

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| Goal 5: To assure that services are provided in the most cost effective manner | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Addictive & Mental Disorders Division | Ensure that CD contractors meet fiscal and bureau contract requirements | By 2009 develop new format for providers to track federal and state fiscal and treatment requirements | CD Bureau is working on development of format; audits have been scheduled |
| Health Resources Division | Reduce out-of-state hospital expenditures. | Medicaid expenditures will decrease by \$2 million in out-of-state hospitals in both SFY 08 and 09. Baseline is SFY 06 expenditures. | Baseline out-of-state expenditures in SFY 06. |
| Quality Assurance Division | Conduct retrospective reviews of Medicaid provider claims under the policies and procedures of the Medicaid Surveillance Utilization and Review (SURS), according to state laws. | Track all SURS cases conducted to monitor progress in relation to the 2006 benchmark of 106 SURS cases in SFY 2006. Increase by 50 percent the number of SURS reviews conducted. | Review billing history and medical records to ensure services are billed appropriately. Identify deficiencies and coordinate with program staff to determine disallowance. Communicate findings in writing to the provider and initiate any overpayment recovery. |
| Senior & Long Term Care Division | Ensure high quality of publicly funded long-term care services to Montanans. | <p>1. Pursue provider rate increases and direct care wage and health insurance initiatives for providers that serve a high proportion of Medicaid consumers to maintain access to services.</p> <p>2. Pursue avenues to maintain the current level of funding that is derived from provider taxes to enhance and stabilize Medicaid nursing facility price based reimbursement system.</p> | <p>Continue to utilize nursing facility provider taxes and county funding mechanisms through IGT's to fund programs within federal guidelines.</p> <p>99.87% cost per day covered</p> |

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| | | <p>3. Continue to assist financially strapped rural county affiliated nursing homes by increasing their Medicaid reimbursement rates through the use of intergovernmental transfers of matching funds to the SLTCD.</p> <p>4. Maintain or increase the current percentage of reasonable costs per day reimbursed by the Medicaid nursing home program</p> | using net funding. 102% using total gross rate to cost analysis |
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| Goal 6: To assure that only medically necessary care is provided | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Health Resources Division | <p>1. Reimburse for out-of-state medical and surgical services in an out-of-state hospital only in emergency situations or when care is not available in Montana.</p> <p>2. Provide inpatient psychiatric residential treatment in an in-state facility whenever possible. Assure all admissions are medically necessary.</p> | <p>1. All out-of-state admissions will be screened by the department or its contractor for medical appropriateness.</p> <p>2. Prior authorize all inpatient psychiatric residential treatment facility admissions. Out-of-state admissions should equal or be less than 15% of total admissions by June 30, 2009.</p> | <p>1. Baseline, 100% of out-of-state inpatient hospitalizations reviewed for medical appropriateness.</p> <p>2. Baseline – 20% of admissions were to out-of-state facilities in SFY 06. 100% of admissions were screened for medical appropriateness of admission.</p> |
| Quality Assurance Division | Conduct retrospective reviews of Medicaid provider claims under the policies and procedures of the Medicaid Surveillance Utilization and Review (SURS) appropriately in | Track all SURS cases to monitor progress in relation to the 2006 benchmark of 106 SURS cases in SFY 2006. Increase by 50 percent the number of SURS reviews conducted. | Review billing history and medical records to ensure services are billed are necessary, and if services are necessary consult with peer review professionals to |

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| | accordance with the Administrative Rules of Montana | | validate issues regarding medical necessity of the services. Identify deficiencies and coordinate with program staff to determine any disallowance. Communicate findings in writing to the provider and initiate any overpayment recovery. |
| Senior & Long Term Care Division | Operate an efficient and cost effective long-term care system | Continue contract with Mountain Pacific Quality Health Foundation to authorize Personal Assistance Services uniformly across the State. Continue level of care contract with the Foundation for appropriate use of long term care services under Medicaid | Maintain contracts in place for prior authorization and level of care Monthly analysis of Medicaid expenditures by programs for utilization activity |

| Goal 7: To assure that the Medicaid program is operated within legislative appropriation | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Business and Financial Services Division | Provide professional and timely products and or services in response to the needs of the customer. | Operate in compliance with funding source, agency and state and federal requirements to monitor, analyze, reconcile, report and manage cash for all department funds in an accurate and timely manner. Compliance is measured by audit reports for FY 2006/2007 and 2008/2009 with no material findings of non-compliance for reporting and cash management. | The present budget request represents sufficient means to retain qualified accounting staff sufficient to maintain the department's unqualified audit opinion and effective cash management, financial, and reporting processes. The number of funds managed increases complexity of work and is an indicator of risk. |
| Director's Office | The Medicaid program expenses are | Medicaid expense projections are | October & November results |

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| | reviewed and forecasts for annual expenses are prepared. | prepared monthly from October to June each year. Method: Medicaid projection spreadsheets using 701 report from ACS. | prepared and Medicaid overall is slightly over appropriation. December results in Process. No action taken at this time. |
| Human & Community Services Division | Operate the Medicaid eligibility determination program within the constraints of the Legislative Budget for the 2009 Biennium | The department monitors each division's budget on a monthly basis. Division fiscal staff and the administrator constantly review expenditure projections against available budget and make necessary adjustments to remain solvent | Division has not overspent its operational budget in the last eight years. |
| Quality Assurance Division | Comply with subsection 1902(a)(25)(A) of the Social Security Act requiring States to take all reasonable measures to ascertain the legal liability of "third parties" for health care items and services provided to Medicaid recipients and in accordance with Administrative Rules of Montana for the applicable Medicaid program. | <p>FY06 baseline measurement is \$94M costs avoided under Medicare and other insurance and \$1.5M in TPL recoveries from Medicare and other insurance.</p> <p>Review billing history and medical records to ensure services are billed appropriately.</p> <p>Identify deficiencies and coordinate with program staff to determine disallowance. Communicate findings in writing to the provider and initiate any overpayment recovery.</p> <p>Conduct retrospective reviews of Medicaid provider claims under the policies and procedures of the Medicaid Surveillance Utilization and Review (SURS). Increase by 50</p> | <p>Track all TPL recoveries and costs avoided in the Medicaid program for management reporting and reporting to the Federal government as required.</p> <p>Monitor and track health care costs avoided by requiring other health insurance to pay on claims before Medicaid. Accomplished using system edits in the Medicaid Management Information System (MMIS) to ensure Medicaid is payer of last resort.</p> <p>Monitor and track TPL recoveries of health care costs recovered by TPL Unit by billing other third party insurers for health care costs paid by the</p> |

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| | | percent the number of SURS reviews conducted. Track all SURS cases to monitor progress in relation to the benchmark of 106 SURS cases in FY06. | Medicaid program. This is required if Medicaid program is unable to determine the existence of third party coverage when the claim is processed. |
| Senior & Long Term Care Division | Maintain the total long-term care expenditures of the SLTCD within the budget established by the legislature. | Monthly analysis of Medicaid expenditures by programs for utilization activity and projected expenditure levels from 701 and other provider data. | Budget has been managed within appropriation levels since 1998. |

| Goal 8: To assure that prompt and accurate payments are made to providers | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Business and Financial Services Division | Provide professional and timely products and or services in response to the needs of the customer. | Maximize use of electronic fund transfers (EFT) to make payments to clients. BFSD will review payment business processes in the 2009 biennium to continue migrating to electronic payment means. | Since 2002, the percent of EFT has been increasing. The goal for FY08 & FY09 is to issue a combination of 540,000 warrants and EFT payments per year, with a growth rate of 5% for biennium |
| Director's Office | 1. Pay or deny 95% of all clean claims within 30 days of receipt 2. Provider enrollment—ensure enrollment or termination as necessary | 1. Monthly reports received on actual clean claims processed. 2. Providers are enrolled within 10 working days; inactive providers are terminated from system | 1. December results show 97.3% of clean claims processed within 30 days of receipt. No action taken. Monthly chart attached. 2. 99.5% of providers were enrolled within 10 working days; Reports generated monthly identifying inactive providers |

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| Disability Services Division | Implement a fair and equitable methodology rate system for reimbursement of DDP services | By the end of 2009 Biennium, implement all DDP five regions in the rate system: <ul style="list-style-type: none"> 7/1/07 implement minimum wage for direct care employers of at least \$8.00 per hour and increase the average base direct care wage component to \$9.07 per hour. By 6/30/08 rewrite division's contracting, provider payment and client tracking system | FY2007 – 3 of 5 regions are in the rate system There is currently no minimum wage required through provider contracts. Current average base direct care wage component is \$8.56 per hour |
| Quality Assurance Division | Conduct retrospective reviews of Medicaid provider claims under the policies and procedures of the Medicaid Surveillance Utilization and Review (SURS) in accordance with the Administrative Rules of Montana. | Track all SURS cases conducted to monitor progress in relation to the 2006 benchmark of 106 SURS cases in SFY 2006. Increase by 50 percent the number of SURS reviews conducted. | Review billing history and medical records to ensure services billed appropriately. Includes the determination based upon claim information that accurate payments have been made to the provider. Identify deficiencies and coordinate with program staff to determine any disallowance. Communicate findings in writing to the provider and initiate any overpayment recovery. |

| Goal 9: To assure that accurate Medicaid program and financial information is available for management on a timely basis | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Addictive & Mental Disorders Division | 1. Develop and implement a Quality Improvement Plan to monitor services system based on cost, value and results | 1. By 2009 fully implement the Substance Abuse Management System (SAMS) | 1. SAMS final design phase has been completed |

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| | 1. Increase ability to obtain and analyze mental health service data to improve services planning | 1. By 2008 develop standard reporting formats | 1. Behavioral analyst hired January 2007 |
| Business and Financial Services Division | <p>1. Continually work to improve the business processes used within the division.</p> <p>2. Continually work to improve the business processes used within the division.</p> | <p>1. Support the department's financial management processes and operate division's accounting systems according to GAAP and federal and state requirements to achieve audit reports with unqualified opinions for FY06/07 issued in 11/07 and for FY08/09 issued in 11/09</p> <p>2. Accurately and efficiently draw and report funds in accordance with the federal Cash Management Improvement Act and general cash management principles and timeframes to maximize non-general fund recovery. The goal for non-general fund cost recovery for FY08 is \$51 million and for FY09 is \$52 million.</p> | <p>1. Department received unqualified Financial Compliance Audits from the Legislative Auditor's Office for the last two biennial audits (FY02/03 and FY04/05). The division will continue to place a high priority on reviewing and addressing state and federal audit recommendations with impacts on financial information and / or controls.</p> <p>2. Continue to manage the cost allocation processes to maximize appropriate non-general fund recoveries in a timely manner. The two most recent audit reports had unqualified opinions and noted effective functioning of the cost allocation process.</p> |
| Director's Office | 301 and 701 Medicaid payments information is accurate and timely. | Monthly and quarterly reviews of 301 and 701 reports of Medicaid financial data performed | December: Other services category is not accurately classifying expenses on the 701 report. SCST services not properly categorized. New programming in process. Reports |

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| Human & Community Services Division | Monitor administrative costs associated with personal services budget | Assure eligibility staff is trained in the random moment time study process to assure accurate reporting is done for the type of work being performed in the eligibility offices | Monthly reports are available on random moment time study, and Medicaid is charged only for its share of the costs |

| Goal 10: To assure that confidentiality and privacy of client information is maintained at all times | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Child & Family Services Division | All client information, including medical records protected by HIPAA, will be kept confidential. | All confidential records (paper and electronic) will be secured. Policy provides that violation of confidentiality will result in disciplinary action, up to and including termination of employment, in addition to any criminal penalties which may be imposed by statute. | Newly hired staff are provided information on confidentiality during orientation and training for newly hired staff. Staff receive training on confidentiality during the annual policy training. Each allegation of breach of confidentiality will be thoroughly investigated and appropriate action will be taken against the employee who breached the confidentiality. |
| Human & Community Services Division | Assure client confidentiality is protected as required by both HIPAA and Medicaid federal regulation | Assure eligibility staff is trained and tested in the regulations applying to Medicaid and HIPAA, assure that the TEAMS system is secure through stringent access restrictions, paper files are contained in secure, locking areas | Regular training is provided to field staff on HIPAA and Medicaid confidentiality; audits are done periodically on the TEAMS system; management is responsible for assuring hard copy information is secure in |

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| | | | their individual offices |
| Quality Assurance Division | Provide continuing education and support for all department staff regarding Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA). | Provide education and training to all new department employees. Investigate all complaints and breaches of HIPAA policy regarding privacy and security. | Document and track completion of HIPAA required education and training regarding privacy and security. Document and track all investigations. Report results of all investigations to the appropriate authority and take appropriate corrective action. |

| Goal 11: To promote the appropriate utilization of preventive services | | | |
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| Division | Specific Goal | Measurement | Current Results & Actions Taken |
| Addictive & Mental Disorders Division | Implement substance abuse prevention and treatment best practices in state-approved CD programs | By 2008, continue implementation of prevention grant to develop system infrastructure and service capacity | Staff hired; epidemiology group formed; working on RFP to release money to community programs |
| Health Resources Division | Increase the percentage of children (age 0-20) who receive a well-child screen. | Percentage of children receiving a well-child screen will be 94% in SFY 08 and 95% in SFY 09 as measured on the 416 report. | Percentage of children receiving a well-child screen was 89% in SFY 04 and 93% in SFY 05 as measured on the 416 report. |
| Human & Community Services Division | Provide materials at the time of Medicaid application including information on Nurse First, and a copy of the Medicaid handbook | These materials are part of the regular Medicaid application packet | These materials are part of the regular Medicaid application packet |